

**LOW EMISSION FUEL/ALTERNATIVE FUELS INFRASTRUCTURE
APPLICATION PACKET**

**PLACER COUNTY AIR POLLUTION CONTROL DISTRICT'S 2007 CLEAN
AIR GRANT PRIMARY APPLICATION FORM FOR ALL PROJECTS**

Instructions: <ul style="list-style-type: none">➤ Read all PCAPCD grant program guidelines and instructions.➤ Fill in all applicable sections with ink. Please print legibly.➤ Return application to: PCAPCD Clean Air Grant Program 3091 County Center Dr., Suite 240 Auburn, CA 95603	Application # : _____ Type: _____ Date Received: _____ <i>(For office use only)</i>
---	---

Applicant Information

Company Name		Mailing Address			
Contact Person		City		State	
Title		ZIP		County	
Phone Number		<i>Fill in physical address below if different from mailing address</i>			
Fax Number		Physical Address			
E-mail Address		City		State	
Cell Number		ZIP		County	
Tax ID (Check One)	<input type="checkbox"/> Federal Employers Identification Number (FEIN)				
	<input type="checkbox"/> Individual or Sole Proprietor				
Name of person who will sign the Incentive Agreement: (please print) _____ Title: _____					

Vehicle / Equipment / Engine Vendor Information (for those projects that apply)

Contact		Address			
Company		City		State	
Phone		ZIP			
FAX		E-mail			

Please initial each section (See Clean Air Grant Information and Guidelines for information and requirements):

	The purchase of this low-emission technology is NOT required by any local, state, and/or federal rule or regulation.
	The categories of qualifying projects are specified in the Program Information and Guidelines. These categories have been reviewed and this application is consistent with the list.
	The vehicle/engine will be used in Placer County (with the emission reduction system operating, if applicable) for at least the projected usage shown in this application.
	All approved projects cannot be implemented until a contract between the PCAPCD and the applicant is signed and agreed upon. The language in this contract is final and cannot be modified.
	I understand that an IRS Form 1099 will be issued to me for incentive funds received under the PCAPCD's Clean Air Grant Program. I understand that it is my responsibility to determine the tax liability associated with participating in the PCAPCD's Clean Air Grant Program.
	I understand that a PCAPCD approved digital hour meter/odometer may be installed on all vehicles/equipment and that the digital hour meter/odometer will record the hours/miles accumulated inside and outside Placer County.
	I understand that the Placer County Air Pollution Control District staff will evaluate this application and determine if it meets the eligibility requirements and criteria of the Clean Air Grant Program. The PCAPCD will at its sole discretion determine which program funds, if any, will be used for this application.

Payment Request Options (Initial only one option)(School bus replacement projects, choose Option 3)

OPTION 1 -- I request that payment be sent to the applicant above.

OPTION 2 -- I request that a two-party check be made for this application co-naming with the vendor listed above with the payment sent to applicant.

OPTION 3 -- I request that a two-party check is made for this application and I authorize that the two-party payment be sent to the vendor listed above.

Application Statement – Please Read

All information provided in this application will be used by the Placer County Air Pollution Control District (PCAPCD) to evaluate the eligibility of this application to receive incentive funds. PCAPCD staff reserves the right to request additional information and can deny the application if such requested information is not provided. Incomplete and illegible applications will be returned to the applicant or vendor. An incomplete application is an application that is missing information critical to the evaluation of the project. If the applicant does not respond within a timely manner and before the 2007 application deadline, the application will be automatically terminated.

- ◆ I certify to the best of my knowledge that the information contained in this application is true and accurate.
- ◆ For all projects that apply, I understand that it is my responsibility to ensure that all technologies are either verified or certified by the California Air Resources Board (CARB) to reduce Oxides of Nitrogen (NOx) and/or other criteria pollutants.
- ◆ I understand that there may be conditions placed upon receiving an incentive and agree to refund the incentive if it is found that at any time I do not meet those conditions and if directed by the PCAPCD.
- ◆ I understand as a participant that the Clean Air Grant Program has limited funds and it is likely that not all projects will be funded. The PCAPCD is under no obligation to honor requests for incentive funding. I acknowledge that in accepting any incentive funding, I will be prohibited from applying for any other form of emission reduction credits, including: Emission Reduction Credit (ERC); Mobile Emission Reduction Credit (MERC) and/or Certificate of Advanced Placement (CAP), for all time, from the Placer County Air Pollution Control District or any other Air Quality Management or Air Pollution Control District.
- ◆ In the event that the vehicle(s)/equipment/program/service or any other project that do not complete the minimum term of any agreement eventually reached from this application, I agree to return to the PCAPCD, the full amount of the original incentive. I understand that the PCAPCD or the APCO for the Placer County Air Pollution Control District may relieve this obligation to return the funds depending on the circumstances.
- ◆ I have the legal authority to apply for incentive funding for the entity described in this application.
- t I have read fully and understand the Project Information and Guidelines provided.

Applicant's Signature

Date

Applicant's Name (please print)

Title

Low Emission Fuel Purchase or Alternative Fuels Infrastructure Project Application and Cost Analysis

I. Low Emission Fuel Purchase

Low Emission Fuel Purchase	
1. Lower Emission Fuel Type	
2. Lower Emission Fuel Price (\$/gl)	
3. Average Diesel Price (\$/gl)	
4. Total Lower Emission Fuel Use (gl)	
Maximum Incentive $([2 - 3] * 4)$:	

Choose your category, fill out the box, and answer the questions for your project.

Answer the following questions:

1. Over what length of time will the low emission fuel be used?
2. How many vehicles will operate solely on the low emission fuel?
3. How many vehicles will operate using both the low emission fuel and diesel?
4. Provide any other information that may be useful in reviewing your project.

II. Alternate Fuel Infrastructure

Alternate Fuel infrastructure	
1. Total infrastructure cost	
2. Co-funding (list sources)	

Total (1 – 2):	

Provide a detailed project description, including, but not limited to the following on a separate sheet of paper:

1. Fuel type used
2. Estimated annual number of gallons used
3. Number and types of vehicles using infrastructure
4. Detailed budget breakdown of total infrastructure cost
5. Project construction phases
6. Estimated life of project
7. Project location
8. Other

App. #
(Office use only)



County of Placer PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the County of Placer)

STD. 204 (REV. 3-2001)

NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE Placer County Auditor-Controller STREET ADDRESS 2970 Richardson Drive CITY, STATE, ZIP CODE Auburn, CA 95603 TELEPHONE NUMBER (530) 889-4160	PURPOSE: Information contained in this form will be used by the County of Placer to prepare information Returns (Form 1099). Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on reverse)	
2	PAYEE'S BUSINESS NAME MAILING ADDRESS (Number and Street or P.O. Box Number) (City, State and Zip Code)		
3 VENDOR ENTITY INFORMATION	CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION - ATTORNEY <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN) - <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR SOCIAL SECURITY NUMBER OF OWNER - - OWNER'S FULL NAME (Print) First Middle Initial Last	NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying Taxpayer I.D./ Social Security Number.	
4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <input type="checkbox"/> California Resident (See Reverse) Qualified to do business in CA or a permanent place of business in CA. <input type="checkbox"/> Nonresident (See Reverse) Payments to nonresidents for services may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA/ GOODS ONLY SOLD TO CALIFORNIA	NOTE: If you are a foreign person, use the appropriate Form W-8. Withholding of Tax on Nonresident Aliens and Foreign Corporations.	
5 CERTIFYING SIGNATURE	Under penalties of perjury, I certify that 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me). And 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) SIGNATURE TITLE DATE TELEPHONE NUMBER		

County of Placer
PAYEE DATA RECORD
STD. 204 (REV. 3-2001) (REVERSE)

ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate, or trust doing business with the County of Placer must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a "resident" if it has a corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individuals/sole proprietors**, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a California. An estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident payees, including corporations individuals, partnerships, estates and trusts, are subject to withholding. Nonresident payees performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board Nonresident Withholding Section
Attention: State Agency Withholding Coordinator
P.O. Box 651 Sacramento, CA 95812-0651
Telephone: (916) 845-4900 FAX: (916) 845-4831

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.

From within the United States, call..... 1 -800-852-5711
From outside the United States, call..... 1-916-845-6500
For hearing impaired with TDD, call..... 1-800-822-6268

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The County of Placer requires that all parties entering into business transactions that may lead to payment(s) from the County must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109(a). The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31 % withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section I.

Application Checklist

Prior to sending, review the checklist to make sure the application is complete and all of the following has been completed:

- ☐ Read completely the Clean Air Grant Information, Criteria and Guidelines.
- ☐ Prepare four 3 hole punched, non-stapled copies of the entire application to be mailed.
- ☐ All information requested has been provided; boxes related to your project are filled out completely.
- ☐ Payee Data Record completed.
- ☐ All pages requiring signatures have been signed.
- ☐ Deadline for grant applications has been met (faxes will not be accepted).